

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2012 DEC 12 AM 11:50

Office Use Only  
FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Grow PAC

ADDRESS (number and street)

1645 Madison Avenue

5th FL

New York

NY

1101024

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00490292

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)

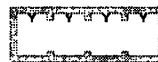


Convention (12C)



Special (12S)

Election on



in the  
State of



(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on



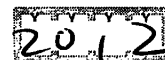
in the  
State of



5. Covering Period



through



I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dana Maypass

Signature of Treasurer

*Dana Maypass*

Date



NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X

Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Grow Pac

Report Covering the Period:

From:

10 / 01 / 2012

To:

11 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2012</u>		<u>321.85</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>4375.85</u>	
(c) Total Receipts (from Line 19) .....	<u>- 0 -</u>	<u>5200.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<u>4375.85</u>	<u>5521.85</u>
7. Total Disbursements (from Line 31) .....	<u>38.00</u>	<u>1184.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<u>4337.85</u>	<u>4337.85</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<u>3970.11</u>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Graw Pac

Report Covering the Period:

From:

10 / 01 / 2012

To:

11 / 30 / 2012

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized .....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees .....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

12. Transfers From Affiliated/Other

Party Committees .....

13. All Loans Received .....

14. Loan Repayments Received .....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5) .....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees .....

17. Other Federal Receipts

(Dividends, Interest, etc.) .....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

-0-

-0-

-0-

-0-

520,000

520,000

520,000

520,000



# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## **III. Net Contributions/Operating Ex-** **penditures**

### **COLUMN A** **Total This Period**

### **COLUMN B** **Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

-0-
-0-
38.00

5,200.00
1,184.00
1,184.00

12030980913

12030980914

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12030980915

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Full Name (Last, First, Middle Initial)

A. Cetebank

Mailing Address  
1155 Avenue of the Americas

City New York State NY Zip Code 10036

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

10 / 10 / 2012

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

B. Cetebank

Mailing Address  
1155 Avenue of the Americas

City New York State NY Zip Code 10036

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

11 / 08 / 2012

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

38.00

TOTAL This Period (last page this line number only)..... ►

380.0

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 7 OF 4  
FOR LINE NUMBER:  
(check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)

Grow Pac

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cole Robert / In the field Consulting

Nature of Debt (Purpose):

Voter contact:  
Chris Collins  
for Congress

Mailing Address

1520 Myron Street

City

State

Niskayuna, NY

Zip Code

12309

Outstanding Balance Beginning This Period

540.20

Amount Incurred This Period

540.20

Payment This Period

—

Outstanding Balance at Close of This Period

540.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cole Robert / In the field Consulting

Nature of Debt (Purpose):

Voter contact:  
Ann Marie Burke  
for Congress

Mailing Address

1520 Myron Street

City

State

Niskayuna NY

Zip Code

12309

Outstanding Balance Beginning This Period

284.85

Amount Incurred This Period

284.85

Payment This Period

—

Outstanding Balance at Close of This Period

284.85

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cole Robert / In the field Consulting

Nature of Debt (Purpose):

Voter Contact:  
Tom Reed for  
Congress

Mailing Address

1520 Myron Street

City

State

Niskayuna NY

Zip Code

12309

Outstanding Balance Beginning This Period

379.60

Amount Incurred This Period

379.60

Payment This Period

—

Outstanding Balance at Close of This Period

379.60

1) SUBTOTALS This Period This Page (optional)..... ▶

1204.65

2) TOTALS This Period (last page this line number only)..... ▶

3970.11

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶



# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 2 OF 4

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

Growlac

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cole Robert, In The field Consulting

Nature of Debt (Purpose):

voter contact:  
Maggie Brooks for  
Congress

Mailing Address

1520 Myron Street

City

State

Zip Code

Niskayuna, Ny 12309

Outstanding Balance Beginning This Period

739.95

Amount Incurred This Period

739.95

Payment This Period

-

Outstanding Balance at Close of This Period

739.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cole Robert, In The field Consulting

Nature of Debt (Purpose):

Voter Contact:  
Michael Grimm  
for Congress

Mailing Address

1520 Myron Street

City

State

Zip Code

Niskayuna, Ny 12309

Outstanding Balance Beginning This Period

196.75

Amount Incurred This Period

196.75

Payment This Period

-

Outstanding Balance at Close of This Period

196.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cole Robert / In The field Consulting

Nature of Debt (Purpose):

Voter Contact:  
Stephen Labate  
for Congress

Mailing Address

1520 Myron Street

City

State

Zip Code

Niskayuna Ny 12309

Outstanding Balance Beginning This Period

117.85

Amount Incurred This Period

117.85

Payment This Period

-

Outstanding Balance at Close of This Period

117.85

1) SUBTOTALS This Period This Page (optional)..... ►

1054.55

2) TOTALS This Period (last page this line number only)..... ►

3970.11

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate  
 schedule(s)  
 for each  
 numbered line)

PAGE **3** OF **4**  
 FOR LINE NUMBER:  
 (check only one)

☐ 9  
☐ 10

NAME OF COMMITTEE (In Full)

*Grow Pac*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

*Col Robert / In the field Consulting*

Nature of Debt (Purpose):

*Voter Contact :  
 Richard Hanna  
 for Congress*

Mailing Address

*1520 Myron Street*

City

State

Zip Code

*Niskayuna*

*NY*

*12309*

Outstanding Balance Beginning This Period

*108366*

Amount Incurred This Period

*108366*

Payment This Period

*—*

Outstanding Balance at Close of This Period

*108366*

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

*Col Robert / In the field Consulting*

Nature of Debt (Purpose):

*Voter Contact :  
 Chris Gibson  
 for Congress*

Mailing Address

*1520 Myron Street*

City

State

Zip Code

*Niskayuna*

*NY*

*12309*

Outstanding Balance Beginning This Period

*62725*

Amount Incurred This Period

*62725*

Payment This Period

*—*

Outstanding Balance at Close of This Period

*62725*

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

*17109.1*

2) TOTALS This Period (last page this line number only)..... ►

*3970.11*

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 4  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

Gmw Pac

FEC IDENTIFICATION NUMBER ▼

000490292

Check if ☐ 24-hour report ☐ 48-hour report

☒ New report

☐ Amends report filed on

12 ' 06 ' 2012

Full Name (Last, First, Middle Initial) of Payee

Cole Robert / In The Field Consulting

Date

11 ' 06 ' 2012

Mailing Address

1501 East Avenue

Amount

MEMO ITEM

City

Rochester

State

NY

Zip Code

14610

739.95

Purpose of Expenditure

Voter Contact

Category/  
Type

Office Sought:

☐ House

State: NY

☐ Senate

District: 25

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Maggie Brooks for Congress

Calendar Year-To-Date Per Election  
for Office Sought

739.95

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) Post election

Full Name (Last, First, Middle Initial) of Payee

Cole Robert / In The Field Consulting

Date

11 ' 06 ' 2012

Mailing Address

P.O. Box 61806

Amount

MEMO ITEM

City

Staten Island

State

NY

Zip Code

10306

196.75

Purpose of Expenditure

Voter Contact

Category/  
Type

Office Sought:

☐ House

State: NY

☐ Senate

District: 11

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Michael Grimm for Congress

Calendar Year-To-Date Per Election  
for Office Sought

196.75

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) Post election

(a) SUBTOTAL of Itemized Independent Expenditures.....

-0-

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....

-0-

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party, committee or its agent.

Signature

[Signature]

Date

12 ' 06 ' 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 4  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Growthac</u>	FEC IDENTIFICATION NUMBER <u>000490292</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <u>12/06/2012</u>	

Full Name (Last, First, Middle Initial) of Payee <u>Cole, Robert / In The Field Consulting</u>		Date <u>11/06/2012</u>
Mailing Address <u>PO Box 6177</u>		Amount <u>Memo Item</u>
City <u>North Babylon</u>	State <u>NY</u>	Zip Code <u>11703</u>
Purpose of Expenditure <u>Voter Contact</u>	Category/Type <div></div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NY</u> District: <u></u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Stephen Labate for Congress</u>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>11705</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u></u>

Full Name (Last, First, Middle Initial) of Payee <u>Cole, Robert / In The Field Consulting</u>		Date <u>11/06/2012</u>
Mailing Address <u>P.O. Box 386</u>		Amount <u>Memo Item</u>
City <u>Clarence</u>	State <u>NY</u>	Zip Code <u>14031</u>
Purpose of Expenditure <u>Voter Contact</u>	Category/Type <div></div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NY</u> District: <u>07th</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Chris Collins for Congress</u>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>54020</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Post-Action</u>

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>-0-</u>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<u></u>
(c) TOTAL Independent Expenditures.....	<u>-0-</u>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

D. J. Magan  
 Signature

Date 11/06/2012

12030980920

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 9  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Grow Pac</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00490292</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <u>12</u> <u>06</u> <u>2012</u>	

Full Name (Last, First, Middle Initial) of Payee <u>Cole, Robert J. In The Field Consulting</u>		Date <u>11</u> <u>06</u> <u>2012</u>
Mailing Address <u>100 South Clinton Street Ste. 1340</u>		Amount <u>Memo Item</u>
City <u>Syracuse</u> State <u>NY</u> Zip Code <u>13261</u>	Purpose of Expenditure <u>Voter Contact</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Ann Marie Buerkle</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Post Election</u>
Calendar Year-To-Date Per Election for Office Sought <u>28485</u>		

Full Name (Last, First, Middle Initial) of Payee <u>Cole, Robert J. In The Field Consulting</u>		Date <u>11</u> <u>06</u> <u>2012</u>
Mailing Address <u>89 W. Market Street</u>		Amount <u>Memo Item</u>
City <u>Corning</u> State <u>NY</u> Zip Code <u>14830</u>	Purpose of Expenditure <u>Voter Contact</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Tom Keefe for Congress</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Post Election</u>
Calendar Year-To-Date Per Election for Office Sought <u>37960</u>		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>-0-</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	<u>-0-</u>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature [Signature]

Date 12 06 2012

12030980921

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 4  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Gron Pac</b>	FEC IDENTIFICATION NUMBER <b>C 00490292</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <b>12 ' 06 ' 2012</b>	

Full Name (Last, First, Middle Initial) of Payee <b>Cole, Robert / In the field Consulting</b>			Date <b>11 ' 06 ' 2012</b>	
Mailing Address <b>P.O. Box 118</b>			Amount <b>MEMO ITEM</b>	
City <b>Utica</b>	State <b>Ny</b>	Zip Code <b>13503</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>Ny</b> District: <b>24</b>	
Purpose of Expenditure <b>Voter Contact</b>			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Richard Hanna for Congress</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Post-Rec'd</b>	
Calendar Year-To-Date Per Election for Office Sought <b>108366</b>				

Full Name (Last, First, Middle Initial) of Payee <b>Cole Robert / In the field Consulting</b>			Date <b>11 ' 06 ' 2012</b>	
Mailing Address <b>513 Broadway</b>			Amount <b>MEMO ITEM</b>	
City <b>Saratoga Springs</b>	State <b>Ny</b>	Zip Code <b>12866</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>Ny</b> District: <b></b>	
Purpose of Expenditure <b>Voter Contact</b>			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Chris Gibson for Congress</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Post-Rec'd</b>	
Calendar Year-To-Date Per Election for Office Sought <b>62725</b>				

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>-0-</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	<b>-0-</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

**12 ' 06 ' 2012**

12030980922

**Liz Tarpinian**

---

**From:** Adrienne Hepworth  
**Sent:** Friday, December 07, 2012 11:07 AM  
**To:** Liz Tarpinian  
**Subject:** FW: IB000000928509: Invoice for the services provided to T Rowe Price

Can you send today? Thanks

**From:** Soft.Dollar.NY@jpmorgan.com [mailto:Soft.Dollar.NY@jpmorgan.com]  
**Sent:** Thursday, December 06, 2012 9:40 AM  
**To:** Adrienne Hepworth; Liz Tarpinian  
**Subject:** IB000000928509: Invoice for the services provided to T Rowe Price

Hi,

We have been advised by T ROWE PRICE to pay you for research provided in the amount of \$ 6,250 rendered for the period of 4Q 2012. Please provide me with an invoice with your Wiring Instructions and following bill-to address:

JPMorgan Securities LLC.  
 ATTN: Soft Dollar Group  
 FBO : T ROWE PRICE  
 1 Chase Manhattan Plaza,  
 33rd Floor  
 New York, NY 10005

Please mention the **Research Service** in the invoice.

Please feel free to contact us with any questions at [soft.dollar.ny@jpmorgan.com](mailto:soft.dollar.ny@jpmorgan.com)  
 Or 212-552-4040

**Regards,**  
**Randolph S D'souza** | Associate | EQ Global Cash TM | J.P. Morgan |

North America Cash Equities | Commission Management Solutions Team | J.P. Morgan | 1 Chase Manhattan Plaza, 33rd Floor New York, NY 10005 | Hotline: 212-552-4040 | Email: [Soft.Dollar.NY@jpmorgan.com](mailto:Soft.Dollar.NY@jpmorgan.com)  
 Anthony Marchionda 212-499-9261 | Jo Haydon 212-499-6653 | Michael Welch 212-499-8888 | Gary Sibelman 212-499-9285

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12/7/2012

12030980923

Federal Election Commission  
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*AmP*

PREPARER

(3/2005)

12/12/12

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12030980924